

EXHIBIT J

Case 1:20-cv-09840-GHW Document 14 Filed 12/21/20 Page 1 of 14

RECEIVED
SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2020 DEC 21 PM 2:43

Peter Rodriguez

20 CV 9840

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

**AMENDED
COMPLAINT**

city of new york, ESU CAPTAIN Moise #1451 (Prisoner)

CAPTAIN GIBSON, ESU OFFICER Williams #11475 Do you want a jury trial?
 Yes No

ESU OFFICER GALVEZVSKIY #9957,

C.O. FERRARO #1805

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Peter

L

RODRIGUEZ

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-16-03090

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MANHATTAN Detention COMPLEX

Current Place of Detention

125 white street

Institutional Address

NY

County, City

NY

State

10013

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

City of New York

First Name	Last Name	Shield #
------------	-----------	----------

Government

Current Job Title (or other identifying information)

City HALL

Current Work Address

<u>NY</u>	<u>NY</u>	<u>10007</u>
-----------	-----------	--------------

County, City	State	Zip Code
--------------	-------	----------

GIBSON

Defendant 2:

First Name	Last Name	Shield #
------------	-----------	----------

CAPTAIN

Current Job Title (or other identifying information)

125 white street

Current Work Address

<u>NY</u>	<u>NY</u>	<u>10013</u>
-----------	-----------	--------------

County, City	State	Zip Code
--------------	-------	----------

Moise 1451

Defendant 3:

First Name	Last Name	Shield #
------------	-----------	----------

ESU CAPTAIN

Current Job Title (or other identifying information)

75-20 ASTORIA BLVD

Current Work Address

<u>E. ELMHURST</u>	<u>NY</u>	<u>11370</u>
--------------------	-----------	--------------

County, City	State	Zip Code
--------------	-------	----------

FERRARO 1805

Defendant 4:

First Name	Last Name	Shield #
------------	-----------	----------

CORRECTION OFFICER

Current Job Title (or other identifying information)

125 white street

Current Work Address

<u>NY</u>	<u>NY</u>	<u>10013</u>
-----------	-----------	--------------

County, City	State	Zip Code
--------------	-------	----------

IV. DEFENDANT INFORMATION

continued

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

5

First Name	Last Name	Shield #
ESU OFFICER		

Current Job Title (or other identifying information)

75-20 ASTORIA BLVD

Current Work Address

E. ELMHURST	NY	11370
-------------	----	-------

County, City

State

Zip Code

Williams

11475

Defendant 2:

6

First Name	Last Name	Shield #
ESU OFFICER		

Current Job Title (or other identifying information)

75-20 ASTORIA BLVD

Current Work Address

E. ELMHURST	NY	11370
-------------	----	-------

County, City

State

Zip Code

Defendant 3:

First Name	Last Name	Shield #
------------	-----------	----------

Current Job Title (or other identifying information)

Current Work Address

County, City	State	Zip Code
--------------	-------	----------

Defendant 4:

First Name	Last Name	Shield #
------------	-----------	----------

Current Job Title (or other identifying information)

Current Work Address

County, City	State	Zip Code
--------------	-------	----------

V. STATEMENT OF CLAIM

Place(s) of occurrence: MANHATTAN Detention Complex

Date(s) of occurrence:

MONDAY August 31st, 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON August 31, 2020 there WAS A FIRE IN MY CELL, (3) CELL. C.O. FERRARO CAME TO PUT THE FIRE OUT BUT ESU CAPTAIN MOISE TOLD C.O. FERRARO TO "GO AWAY, we got this" AND C.O. FERRARO PASSED THE FIRE EXTINGUISHER TO ESU OFFICER GALVEZVSKY AND LEFT THE HOUSING UNIT. THEN ESU OFFICER GALVEZVSKY PASSED HIS CAN OF MACE TO ESU OFFICER WILLIAMS AND THEN BEGAN TO SPRAY ME WITH THE FIRE EXTINGUISHER WHILE OFFICER ESU WILLIAMS SPRAYED ME WITH BOTH HIS AND ESU OFFICER GALVEZVSKY'S CAN OF MACE. AFTER THAT THEY PUT ME IN CUFFS AND TOOK OVER 15 MINUTES TO GET ME TO THE DECONTAMINATION SHOWER. ESU CAPTAIN MOISE WAS IN CHARGE OF THE ESU OFFICERS AND CAPTAIN GIBSON WAS THE AREA SUPERVISOR FOR MY HOUSING UNIT (9 SOUTH). AFTER 3 OR MORE HOURS IN THE DECONTAMINATION SHOWER CAPTAIN GIBSON BRIBING/COERCING ME STATING "IF YOU REFUSE MEDICAL ATTENTION I WILL GIVE YOU YOUR

Statement Case 1:20-cv-09840-GHW Document 24 Filed 12/21/20 Page 6 of 14

2 of 2

PROPERTY BACK, IF NOT you get nothing." (P)
I told CAPTAIN GIBSON that I have asthma AND I TAKE STEROID MEDICATION for it AND that not ONLY I WAS exposed to O.C. CHEMICAL Agents SPRAY (MACE) but ALSO toxic fumes from smoke inhalation, she then stated "I HAVE to do paper work AND that can't be done IF I AM in the clinic with you." so I Refused Medical attention out of fear of Retaliation AND was PLACED IN ^(SANE) a cell which was still filled with smoke AND fire DEBRIS AND O.C. SPRAY (MACE). I WAS ISSUED AN (P) INFRACTION which was LATER DISMISSED.
ALL DEFENDANTS ARE IN VIOLATION OF MY 8TH AMENDMENT rights SUBJECTING ME TO CRUEL AND UNUSUAL PUNISHMENT. ESU OFFICERS WILLIAMS AND GALUEZVSKIY USED EXCESSIVE AND UNNECESSARY FORCE VIOLATING THE FEDERAL NUNEZ SETTLEMENT AGREEMENT. CAPTAIN MORSE ESU FAILED TO ADEQUATELY SUPERVISE ESU OFFICERS WILLIAMS AND GALUEZVSKIY. CAPTAIN GIBSON INTERFERED WITH MY (P) MEDICAL CARE. CITY OF NY IS LIABLE FOR THEIR FAILURE TO ADEQUATELY TRAIN, AND SUPERVISE ALL DEFENDANTS MENTIONED ABOVE. NO GRIEVANCE WAS FILED BECAUSE OF MY FEAR OF RETALIATION AND FEAR FOR MY LIFE THREATENED BY ABOVE DEFENDANTS I WAS INTIMIDATED.

Case 1:20-cv-09840-GHW Document 14 Filed 12/21/20 Page 7 of 14

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Breathing Problems, chest pains, Blurry vision, skin/eye
burning/irritation, anxiety, post-traumatic
stress disorder, sleep problems, ASTHMA treatment,
Medical care needed, PAIN medication, visine
for eyes.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

compensatory DAMAGES Relief - 1 million
general DAMAGES Relief - 1 million
Actual DAMAGES Relief - 1 million
future harm DAMAGES Relief - 1 million
PUNITIVE DAMAGES Relief - 1 million

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

12/10/20

Dated

Peter

L

Plaintiff's Signature


Rodriguez

First Name

Middle Initial

Last Name

Prison Address
125 white street

County, City

NY

10013

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

12/10/20

		CORRECTION DEPARTMENT CITY OF NEW YORK			ATTACHMENT A		
		REPORT AND NOTICE OF INFRACTION			Form 6800A Rev.: 08/04/15 Ref.: Dir. #6800R-C		
Infraction #:	1953-W	Institution: MDC	Date of Incident: 08/31/20	Time Infraction Written: 18:15	Date of Report: 08/31/20		
Inmate Name (Last, First):	RODRIGUEZ, PETER		B&C/Sentence #: 3491603090	NYSID #: 09839298P			
Location of Incident (Be Specific):	cell #3		Housing Area Location: 9 South	Approximate Time of Incident: 1800 Hrs.			
Charge #	Offense	Charge #	Offense				
105.10	Creating a Fire, Health or Safety Hazard						
100.10:	Arson (setting fires)						
Reporting Official (Print Name, Rank and Shield #): CO Ferraro #1805		Reporting Official (Signature): <i>Amie</i>					
Details of Incident (Include details as to How, When and Where Infraction was Committed): On Monday August 31, 2020 I CO Ferraro #1805 was assigned to 9 South on the 1500x2331 tour. At approximately 1800 hrs, this writer observed a flickering light coming from cell #3 which is occupied by inmate RODRIGUEZ, PETER B/C 3491603090 NYSID 09839298P. It appeared to have been flames, so This writer went to retrieve a fire extinguisher and began putting out the fire from the food slot. At this time Capt Moise #1451 instructed this writer to relinquish the fire extinguisher to ESU officer Galuezvskiy #8957, whom continued to put the fire out once inmate Rodriguez's cell was opened. While said Officer continued to extinguish the fire, Inmate Rodriguez advanced toward ESU staff which in return caused Officer Williams #11475 to utilized a (1/2 second burst of chemical agents to said inmates facial area. The chemical agents took its desired effect, Inmate Rodriguez placed his hands behind his back and complied with ESU staff order to exit the housing area. Inmate Rodriguez was later escorted to the intake for the decontamination process without further incident. <i>Amie Ferraro #1805</i>							
You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced inmate and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within three (3) business days of the service of this notice. This three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Detention inmate). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.							
At your hearing you have the following rights:							
<ol style="list-style-type: none"> Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify. Right to present material evidence. Right to present witnesses. Right to the assistance of a Hearing Facilitator. Right to an Interpreter if you cannot communicate well enough in English. Right to appeal. 							
Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination:							
<ol style="list-style-type: none"> Reprimand. Loss of privileges. Loss of good time if you are a sentenced inmate. Punitive segregation for up to thirty (30) days per each applicable individual charge. Restitution for intentionally damaging or destroying City property. 							
A twenty five (\$25) dollar disciplinary surcharge will be imposed on all inmates found guilty of a Grade I or Grade II offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain.							
Interpreter Requested: <input type="checkbox"/> Yes (If yes, include what language) <input checked="" type="checkbox"/> No							
Hearing Facilitator Requested: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Witness(es) Requested: <input type="checkbox"/> Yes (If yes, include witness(es) Name, Book and Case Number (if inmate) or Shield/ID (if staff) and Location (if inmate) or Post (if staff)) <input checked="" type="checkbox"/> No							
Witness (Print Name):		B&C Number:		Location:			
Witness (Print Name):		B&C Number:		Location:			
Witness (Print Name):		B&C Number:		Location:			
Witness (Print Name):		Shield/ID Number:		Post:			
I certify that I received a copy of this notice:		Signature of Inmate: <i>Refused to sign</i>		Date: <i>9/3/2020</i>	Time: <i>18:15</i>		
Served by (Print Name, Rank and Shield #): <i>Amie Ferraro #1805</i>		Signature of Server: <i>[Signature]</i>					
Refused to Sign for Notice: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Witnessed By: <i>[Signature]</i>					

	CORRECTION DEPARTMENT CITY OF NEW YORK		ATTACHMENT B	
INVESTIGATION REPORT		Form: 8500B Rev.: 08/04/15 Ref.: Dir. #8500R-G		
Please indicate which of the following items are part of the investigation:				
<input type="checkbox"/> Injury to Inmate <input type="checkbox"/> Photos <input type="checkbox"/> Mental Health Clearances <input type="checkbox"/> UOF Reports <input type="checkbox"/> Drug Test Results <input type="checkbox"/> Other _____ <input type="checkbox"/> Red ID/Enhanced Restraint Placement <input type="checkbox"/> NIK Reports (IU) <input type="checkbox"/> PHD (Specify where below) <input type="checkbox"/> Witness Statements <input type="checkbox"/> Property Damage Report <input type="checkbox"/> Confidential Informant				
Date Investigation Started: 08/31/20	Date Investigation Concluded: 9/3/20	Infraction #:		
INVESTIGATING OFFICIAL'S REPORT				
<small>Investigating official's report shall include observations and conclusions of the physical and documentary evidence. Identify each item and/or document evaluated. If inmate was served more than three (3) business days after incident, state why. Attach 600AR if necessary. If results of investigation indicate that no disciplinary action is warranted, specify the reason(s) for not pursuing disciplinary action.</small>				
<p>On Monday August 31, 2020 Officer Ferraro #1805 was assigned to 9 South on the 1500x2331 tour. At approximately 1800 hrs, Officer Ferraro observed a flickering light coming from cell #3 which is occupied by inmate RODRIGUEZ, PETER B/C 3491603090 NYSID 09839298P which appeared to have been flames, so Officer Ferraro retrieve a fire extinguisher and begun putting out the fire from the food slot. At this time ESU Capt Moisé #1451 instructed Officer Ferraro to depart the area as ESU staff took over ESU officer Galuezvskiy #8957 continued to put the fire out once inmate Rodriguez's cell door was opened. While said Officer extinguished the fire, inmate Rodriguez advanced toward ESU staff which in return caused Officer Williams #11475 to utilized a (1) 2 second burst of chemical agents to said inmates facial area. Inmate Rodriguez was then placed in mechanical restraints. Inmate Rodriguez was later escorted to the intake for the decontamination process without further incident.</p>				
<p>Based on staff report and gente angle 191.36 flames and smoke could be seen coming from inmate Rodriguez's cell (3). ESU staff was observed extinguishing the fire as they gave said inmate several verbal commands to step back and place his hands behind him. Inmate RODRIGUEZ refused those command as he is observed extending his hand as he attempted to advance toward staff. At which time Chemical agents was deployed. Therefore I find the following charges 105.10 and 100.10 warranted and should be referred to adjudication for disposition.</p>				
<p>Statement of Inmate Charged: refused</p>				
<p>Statement of Witness(es) - (If more witnesses, attach additional sheets)</p>				
Witness Name (Last, First):		Rank/Title, Shield/ID (if staff) B&C#/Sentence# (if inmate):		
<p>Statement (If none, state such):</p>				
Witness Name (Last, First):		Rank/Title, Shield/ID (if staff) B&C#/Sentence# (if inmate):		
<p>Statement (If none, state such):</p>				
Was inmate Mirandized in connection with this Infraction?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Hearing Recommended?
Inmate transferred pending hearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, Where? If PHD, check <input type="checkbox"/> Date: _____ Time: _____		
Investigating Official's Signature:		Investigating Official (Print Name, Rank and Shield #): Capt Jones #1341		

	CORRECTION DEPARTMENT CITY OF NEW YORK		ATTACHMENT D		
HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION			Page 1 of 2 Pages	Form: 6600D Eff.: 4/10/19 Ref.: Dir. 6500R-E	
Infraction #: 1953-20		Institution: MDC			
Inmate Name (Last, First): RODRIGUEZ, PETER		B&C/ Sentence #: 349-16-03090		NYSID #: 09839298P	
Location: 9 SOUTH		Disposition Date: 9.15.20		Disposition Time: 1900 Hrs.	
Adjudication Captain (Print Name, Rank & Shield #): <i>PHILIP SCARLUCCI</i>					
Folder #: 9.8.20		Hearing Start Date: 9.8.20		Hearing End Date: 9.8.20	
Inmate's Accompanying card Indicates Inmate Received Rule Book: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Inmate requested Witness(es): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If waived, inmate must sign. If denied, state reason.)					
Reason: _____					
Inmate requested Hearing Facilitator: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted (If yes, Hearing Facilitator must sign. If waived, inmate must sign.)					
Reason: _____					
Inmate Requested Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If yes, interpreter must sign. If waived, inmate must sign. If denied, state reason.)					
Reason: _____					
If inmate advised of right to remain silent was inmate advised that statements could be used against him/her: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
Special Situations					
Hearing in Absentia: <input type="checkbox"/> Inmate Refused to Appear <input type="checkbox"/> Removed from Hearing Due to _____ Specify Reason					
Adjournment: <input type="checkbox"/> By Adjudication Captain Date Reconvened _____ ADW authorization beyond (5) business days _____					
<input type="checkbox"/> By Inmate Waived Time Limits to Facilitate Adjournment (Inmate Signature) _____					
Referral: <input type="checkbox"/> Security <input type="checkbox"/> Mental Health <input type="checkbox"/> Inspector General					
Inmate Pled: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty with an Explanation					
Summary of inmate's Testimony: <i>JPW</i> <hr/> <hr/> <hr/> <hr/> <hr/>					
The following witness(es) testified at your hearing. (If additional witnesses testified, attach additional sheets.)					
Witness Name (Last Name, First Name): _____		Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate): _____			
Witness Signature (Present at Hearing): _____					
Witness testified in the presence of the charged inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____					
Summary of Testimony: _____					
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason: _____					
Witness Name (Last Name, First Name): _____		Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate): _____			
Witness Signature (Present at Hearing): _____					
Witness testified in the presence of the charged inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: _____					
Summary of Testimony: _____					
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason: _____					

	CORRECTION DEPARTMENT CITY OF NEW YORK					ATTACHMENT E		
HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION					Page 2 of 2 Pages	Form: 6500D Eff.: 4/10/18 Ref.: Dir. 6500R-E		
DOCUMENTARY EVIDENCE (Where applicable)								
Photograph of Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No Photocopy of Weapon: <input type="checkbox"/> Yes <input type="checkbox"/> No Reports - Specify Types: <input type="checkbox"/> Yes <input type="checkbox"/> No Logbooks - Specify Types: <input type="checkbox"/> Yes <input type="checkbox"/> No Infraction Investigation: <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Evidence (List): <input type="checkbox"/> Yes <input type="checkbox"/> No Witness Statements (List Witnesses): <input type="checkbox"/> Yes <input type="checkbox"/> No					Shown to Inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No Shown to Inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No			
On this date and time following disposition was reached after a hearing on the charges listed below: <i>9.15.2021 1900hrs</i>								
Charge #	Dismissed	Penalty	Guilty	Not Guilty	<i>J.P.V.</i> Basis for Findings & Evidence Relied On <i>Value</i>			
Twenty Five Dollar (\$25) Disciplinary Surcharge Grade I or Grade II offenses only: <input type="checkbox"/> Yes <input type="checkbox"/> No								
If you have been found guilty of multiple rule violations, these penalties will be served: <input type="checkbox"/> Consecutively <input type="checkbox"/> Concurrently								
Infraction Dismissed: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>J.P.V.</i> Reason: <hr/> <hr/>								
Pre-Hearing Detention Time Credit: _____ Days <i>Offense 090408</i>								
Adjudication Captain (Print Name, Rank, Specialty): <i>Officer 090408</i>					Signature of Adjudication Captain: <i>Officer 090408</i>			
You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) days of service of this decision. If you have been sentenced to a total of thirty (30) days of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less than thirty (30) days punitive segregation or loss of less than all your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.								
I certify that I received a copy of this notice:		Signature of Inmate:		B&C/Sentence #:		Date:	Time:	
Served by (Print Name, Rank and Shield #): <i>Officer 090408</i>		Signature of Server: <i>Officer 090408</i>						
Refused to Sign for Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No		Witnessed By: <i>Officer 090408</i>						

Case 1:20-cv-09840-GHW Document 14 Filed 12/21/20 Page 13 of 14

Dec 10th, 2020

ATTN: PROSEC INTAKE UNIT
CLERK OF COURT

I AM Peter Rodriguez, Plaintiff
of Docket # 20 cv 9840.

I AM writing this to inform the
clerk that enclose are the
AMENDED COMPLAINT for Docket #
20 cv 9840 AND ALSO sending
the infraction and disposition
from the complaint and I WOULD
LIKE for it to be documented on
file.

Respectfully submitted,
Peter Rodriguez



Case 1:20-cv-09840-GHW Document 14 Filed 12/21/20 Page 14 of 14



Peter Rodriguez 3491603090
125 White St MDC
NY, NY 10013

Southern District of NY
pro se intake unit
500 Pearl St. RM 200
NY, NY 10007

USCNY
NY

RECEIVED 12/21/2020
U.S. MAIL
NEW YORK OFFICE
FEDERAL BUREAU OF INVESTIGATION